Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

- Difference - manufacture from Political	rnatives to Abortion urses for Newborns : N/A				
purchased/pr	elow the information for each i chased, cost for the item, and the ovided to be reimbursed	ne justification. Ite	-\\		
Client No			Enrolled: 89116		
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted		
	Che Bayerest	#300	Have son of the form for the sound which of the sound with		
AMOUNT TO	BE REIMBURSED	8300			
Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only! Thank you.					
Approved for p		Date	2/8/17		



ALTERNATIVES TO ABORTION PROGRAM Assistance Request

DATE: 2 / \ CLIENT NAMI	NLY and must be completed entirely for timely
The above named client is requesting assistance three	ough NFN's ATA Program for the following:
Rent (if new request, a W-9 and Lease MUST accompany this form)Utility (if Ameren, provide account number and account holder's name; if Laclede, provide bill) Landlord/Utility/Other NAME:	Transportation (if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts) Other (Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST accompany this form)
BILL TOTAL: \$ 300 AMOUNT YOU ARE PAY	TING: \$ \(\int \) AMOUNT REQUESTED: \$ \(\frac{300}{} \)
OTHER RESOURCES ATTEMPTED FOR ASSISTANC	
2. <u> </u>	gency Representative:gency Representative:gency Representative:
2 A 3 A I understand this is a one-time payment. This assists baby or in keeping your child on target development	gency Representative: gency Representative: unce is intended to assist you in the delivery of a health
2 A 3 A I understand this is a one-time payment. This assists baby or in keeping your child on target development Individualized Pregnancy Continuation Plan (IPC)	gency Representative: gency Representative: unce is intended to assist you in the delivery of a health ally. I have completed a Budget Form and
2 A 3 A A I understand this is a one-time payment. This assists baby or in keeping your child on target development Individualized Pregnancy Continuation Plan (IPC) t	gency Representative: gency Representative: nnce is intended to assist you in the delivery of a health ally. I have completed a Budget Form and CP) with my nurse in order to ensure my ability to pay
2 A 3 A I understand this is a one-time payment. This assists baby or in keeping your child on target development Individualized Pregnancy Continuation Plan (IPC) t	gency Representative: gency Representative: ance is intended to assist you in the delivery of a health ally. I have completed a Budget Form and and approximately with my nurse in order to ensure my ability to pay (date)

Page:1/3

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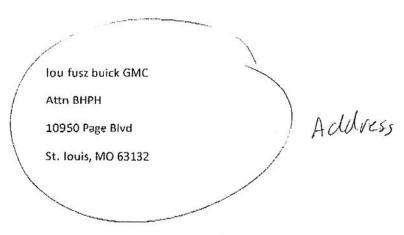
Lou Fusz Auto Credit Corporate Office 10950 Page Blvd St. Louis, MO 63132

Fax: 314-595-2916

FACSIMILE TRANSMITTAL

A A COLINA			
To: Nurses for Newhorns - Jennifer Cornell	Fax #: 3/4-448-4004		
From: CAT Lou Fusz BHP17	Fax #: 3/4-595-2700		
Pages: [#] Inclusive:	Date:		
Re:			
	8		
=			
Account Information + Address			
Account In			
+ Address			
3			

about:blank



any question don't hesitate to call

Cat~ 314-595-2988

Customer Payment Entry

Contract Number	ACTIVE		3	OFFICE/GENERAL	
				PDI Expired	
Due Date/Days Past Due	02/10/17		Payment Frequency	Monthly	
Payment Due	.00		Payment Amount	299.94	
Partial Payment Credit	36		Contract No. Payments	51	
Late Charge Due	60.00	15	Payments Remaining	37	
Return Check Charge			Contract Balance	8431.00	
			Contract Payoff	8530.96	
Total Due	59.64		Payoff Quote		
Total Received					
Late Charge Received			Late Charge Credit		
			Interest Due	99.96	
Function*					

ATTN.

Jennifor Corwell

Concerning: